



SOCIAL SECURITY

Para información e instrucciones en español, llame 1-877-293-5740 por favor.

Date

NAME

ADDRESS 1

ADDRESS 2

CITY, STATE ZIP

Dear <NAME>:

Recently, we sent you a letter about an important study sponsored by the Social Security Administration, called the **National Beneficiary Survey** (NBS). This study will tell us about people who get Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI). We are asking you to share your experiences to help us make our programs better.

We hired a company called Mathematica Policy Research, to conduct this study for us. If you already took part in the study, thank you. **If you have not yet taken part, please call Mathematica toll-free at 877-293-5740** before 10 p.m. ET (weekdays) or 7 p.m. ET (weekends) and they will ask if you are willing to do one of the three things below:

1. Take the survey. Mathematica will send you a \$30 gift card as a thank you for completing the survey.
2. Schedule a time to take the survey later and someone will call you back when you are ready.
3. Let us know that you are not interested in participating so we will know not to contact you again.

Taking part in the NBS is your choice. We will not share your answers in any way that reveals who you are. We will not use your answers to make changes to your benefits. We will use your information only for research, which will help improve our programs.

You can read about the study at https://www.ssa.gov/disabilityresearch/NBS_2019.html. If you have any questions or concerns about the study, you can call Mathematica at the number shown above or you can send an email to SSA at NBS@ssa.gov.

We look forward to speaking with you. Thank you for your help.

Sincerely,

Privacy Act Statement

Collection and Use of Personal Information

Public Law 106-170 Section 101 (1)(d)(4)(C)(i), allows us to collect this information. We will use your answers to learn more about disability beneficiaries, how well our programs are working, and design new programs. The information will solely be used for research purposes to improve SSA's programs and policies.

Participation is voluntary and participating or not participating will not affect your benefits.

We use the information you supply primarily for the purposes stated above. However, we may use it for the administration and integrity of our programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

4. To comply with Federal laws requiring the release of information from Social Security records (e.g. to the Government Accountability Office and Department of Veterans Affairs);
5. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of Social Security programs, including responding to questions from Congress.

A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notice 60-0058, Master Files of Social Security Number (SSN) Holders and SSN Applications. Additional information about this and other system of records notices and our programs is available from our Internet website at www.socialsecurity.gov or at your local Social Security office.

Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 0960-0800; expiration date 12/31/2019. We estimate that it will take about 60 minutes to read the instructions, and answer the questions. You may send comments on our time estimate to: Social Security Administration, 6401 Security Blvd, Baltimore, MD 21235-6401.